



New Jersey Department of Environmental Protection
Site Remediation Program

RECEPTOR EVALUATION (RE) FORM

Date Stamp
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: _____

List all AKAs: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

Program Interest (PI) Number(s): _____ Case Tracking Number(s): _____

Indicate the type of submission:

☐ Initial RE Submission

☐ Updated RE Submission

Indicate the reason for submission of an updated RE form

☐ Submission of an Immediate Environmental Concern (IEC) source control report;

☐ Submission of a Remedial Investigation Report;

☐ Submission of a Remedial Action Report;

Check if included in updated RE

☐ The known concentration or extent of contamination in any medium has increased;

☐ A new AOC has been identified;

☐ A new receptor is identified;

☐ A new exposure pathway has been identified.

SECTION B. ON SITE AND SURROUNDING PROPERTY USE

1. Identify any sensitive populations/uses that are currently on-site or surrounding property usage within 200 feet of the site boundary (check all that apply):

	On-site	Off-site
None of the following	<input type="checkbox"/>	<input type="checkbox"/>
Residences or residential property	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Schools grades K-12	<input type="checkbox"/>	<input type="checkbox"/>
Child care centers	<input type="checkbox"/>	<input type="checkbox"/>
Public parks, playgrounds or other recreation areas	<input type="checkbox"/>	<input type="checkbox"/>
Other sensitive population use(s) Explain	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above applies, attach a list of addresses, facility names, type of use, and a map depicting each location relative to the site.

2. Current site uses (check all that apply):

<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agricultural
<input type="checkbox"/> School or child care	<input type="checkbox"/> Government	<input type="checkbox"/> Park or recreational use	
<input type="checkbox"/> Vacant	<input type="checkbox"/> Other: _____		

3. Planned future site uses and off-site use within 200 ft of site boundary (check all that apply):

<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agricultural
<input type="checkbox"/> School or child care	<input type="checkbox"/> Government	<input type="checkbox"/> Park or recreational use	
<input type="checkbox"/> Vacant	<input type="checkbox"/> Other: _____		

Provide a map depicting the location of the proposed changes in land use.

SECTION C. DESCRIPTION OF CONTAMINATION

1. Identify if any of the following exist at the site (check all that apply):

- ☐ Free product [N.J.A.C. 7:26E-1.8] identified is ☐ LNAPL* or ☐ DNAPL**. Date identified: _____
- ☐ Residual product [N.J.A.C. 7:26E-1.8]
- ☐ Other high concentration source materials not identified above (e.g., buried drums, containers, unsecured friable asbestos)

Explain: _____

* LNAPL – measured thickness of .01 feet or more

**DNAPL – See [US EPA DNAPL Overview](#)

2. Soil Migration Pathway

Has soil contamination been delineated to the applicable Direct Contact Soil Remediation Standard? ☐ Yes ☐ No

Are all soils either below the applicable Direct Contact Criteria or under an institutional control (i.e. deed notice)? ☐ Yes ☐ No

3. If this evaluation is submitted with a technical document that includes contaminant summary information, proceed to Section D. Otherwise attach a brief summary of all currently available data and information to be included in the site investigation or remedial investigation report.

SECTION D. GROUND WATER USE

1. Has the requirement for ground water sampling been triggered? ☐ Yes ☐ No ☐ Unknown
If "No," proceed to Section F. If "Unknown," explain: _____

2. Is Ground water contaminated above the Ground Water Remediation Standards [N.J.A.C.7:9C]? ☐ Yes ☐ No ☐ Unknown

Or ☐ Awaiting laboratory data with the expected due date: _____

If "Yes," provide the date that the laboratory data was available and confirmed contamination above the Ground Water Remediation Standards. Date: _____

If "Unknown," explain: _____

If "No," or awaiting laboratory data proceed to Section F.

3. Has ground water contamination been delineated to the applicable Remediation Standard? ☐ Yes ☐ No

4. Has a well search been completed? ☐ Yes ☐ No

Date of most recent or updated well search: _____

Identify if any of the following conditions exist based on the well search [N.J.A.C.7:26E-1.14(a)] (check all that apply):

- ☐ Potable wells located within 500 feet from the downgradient edge of the currently known extent of contamination.
- ☐ Potable well located 250 feet upgradient or 500 feet side gradient of the currently known extent of contamination.
- ☐ Ground water contamination is located within a Tier 1 wellhead protection area (WHPA).

5. Is a completed Well Search Spreadsheet or historical well search table attached and has an electronic copy of the spreadsheet been submitted to srpqis_wrs@dep.state.nj.us. ☐ Yes ☐ No

If "No," explain: _____

6. Are any private potable or irrigation wells located within ½ mile of the currently known extent of contamination? ☐ Yes ☐ No

If "Yes," was a door to door survey completed? ☐ Yes ☐ No

If survey was not completed explain: _____

7. Has sampling been conducted of ☐ potable well(s) and/or ☐ non-potable use well(s)? ☐ Yes ☐ No

If "No," provide justification then proceed to Section E.

- 8 Has contamination been identified in potable well(s) above Ground Water Remediation Standards that is not suspected to be from the site? (If "Yes," provide justification) ☐ Yes ☐ No
-
- 9 Has contamination been identified in potable well(s) that is above the Ground Water Remediation Standards or Federal Drinking Water Standards? ☐ Yes ☐ No
- Provide date laboratory data was received: _____
- Or ☐ awaiting laboratory data with the expected due date: _____
- If "Yes" for potable well contamination **not attributable to background**, follow the IEC Guidance Document at <http://www.nj.gov/dep/srp/guidance/index.html#iec> for required actions and answer the following:
- Has an engineered system response action been completed on all receptors? ☐ Yes ☐ No
- Provide a brief narrative description:
- Date completed: _____ NJDEP Case Manager: _____
10. Were Non-potable use well(s) sampled and results were above Class II Ground Water Remediation Standards? ☐ Yes ☐ No
- Provide date laboratory data was received: _____
- Or ☐ awaiting laboratory data with the expected due date: _____
11. Has the ground water use evaluation been completed? ☐ Yes ☐ No

SECTION E. VAPOR INTRUSION (VI)

1. Contaminants present in ground water exceed the Vapor Intrusion Ground Water Screening Levels that trigger a VI evaluation. (see NJDEP Vapor Intrusion Technical Guidance). ... ☐ Yes ☐ No ☐ Unknown
- Or ☐ Awaiting laboratory data and the expected due date: _____
- Provide the date that the laboratory data was available and confirmed contamination above the Vapor Intrusion Trigger Levels. Date: _____
2. Other existing conditions that trigger a VI evaluation. (see NJDEP Vapor Intrusion Technical Guidance)
- ☐ Wet basement or sump containing free product or ground water containing volatile organics
 - ☐ Methane generating conditions causing oxygen deficient or explosion concern
 - ☐ Other human or safety concern from the VI pathway (i.e. elemental mercury, unsaturated contamination, elevated soil gas or indoor vapor (explain):
- If you answered "No," or awaiting laboratory data to Question 1., and did not check any boxes in Question 2, proceed to Section F, "Ecological Receptors", otherwise complete the rest of this section.
3. Has ground water contamination been delineated to the applicable Ground Water Vapor Screening Level? ☐ Yes ☐ No
4. Was a site specific screening level, modeling or other alternative approach employed for the VI pathway? ☐ Yes ☐ No
5. Identify and locate on a scaled map any buildings/sensitive populations that exist within the following distances from ground water contamination with concentrations above the Vapor Intrusion Ground Water Screening Levels or specific threats (check all that apply):
- ☐ 30 feet of petroleum free product or dissolved petroleum hydrocarbon contamination in ground water
 - ☐ 100 feet of any non-petroleum free product or any non-petroleum dissolved volatile organic ground water contamination
 - ☐ No buildings exist within the specified distances
6. The vapor intrusion pathway is a concern at or adjacent to the site (if "No," attach justification) ☐ Yes ☐ No

7. Has soil gas sampling of the building(s) been conducted? ☐ Yes ☐ No ☐ N/A
If "No," or "N/A," proceed to #10
8. Has indoor air sampling been conducted at the identified building(s)? ☐ Yes ☐ No
If "No," proceed to #10
9. Has indoor air contamination been identified but not suspected to be from the site?
(if "Yes," attach justification) ☐ Yes ☐ No
10. Indoor air results were above the NJDEP's Rapid Action Levels. ☐ Yes ☐ No
Provide the date that the laboratory data was available and confirmed contamination above the
Rapid Action Levels. Date: _____
Or ☐ Awaiting laboratory data with the expected due date: _____
If "Yes" to #8 above, follow the IEC Guidance Document at
<http://www.nj.gov/dep/srp/guidance/index.html#iec> **for required actions.**
The IEC engineering system response for control was implemented for all
identified structures ☐ Yes ☐ No
Date: _____ NJDEP Case Manager: _____
11. Indoor air sampling was conducted and results were above the NJDEP's Indoor Air Screening
Levels but at or below the Rapid Action Levels..... ☐ Yes ☐ No
Provide the date that the laboratory data was available. Date: _____
Or ☐ Awaiting laboratory data with the expected due date: _____
If "Yes" to #10 above, answer the following:
Has the Vapor Concern (VC) Response Action Form notifying the NJDEP of the exceedances
been submitted? ☐ Yes ☐ No
Date: _____
Has a plan to mitigate and monitor the exposure been submitted? ☐ Yes ☐ No
Date: _____
Has the Mitigation Response Action Report been submitted? ☐ Yes ☐ No
Date: _____
12. Has the vapor intrusion investigation been completed? ☐ Yes ☐ No
If "No," is the vapor intrusion investigation stepping out as part of the site
investigation or remedial investigation. (If "No," attach justification) ☐ Yes ☐ No

SECTION F. ECOLOGICAL RECEPTORS

1. Has an Ecological Evaluation (EE) has been conducted? [N.J.A.C. 7:26E-1.16] ☐ Yes ☐ No
Date conducted: _____
2. Do the results of an EE trigger a remedial investigation of ecological receptors? [N.J.A.C. 7:26E-4.8]. ☐ Yes ☐ No
3. Has a remedial investigation of ecological receptors been conducted? ☐ Yes ☐ No
Date conducted: _____
4. Provide the name(s) of any surface water body on or within 200 feet of the site:

5. Is free product or residual product located within 100 feet from an ecological receptor? ☐ Yes ☐ No
6. Available data indicate an impact on: ☐ Ecological receptor(s) ☐ Surface water ☐ Sediment
If this evaluation is submitted with a technical document that includes contaminant summary information, proceed to
Section G. Otherwise attach a description of the type of contamination and provide a schedule and a description of
all actions to be taken to mitigate exposure

SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____ **No Changes Since Last Submittal** ☐

SECTION H. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: _____

First Name: _____

Last Name: _____

Phone Number: _____

Ext: _____

Fax: _____

Mailing Address: _____

City/Town: _____

State: _____

Zip Code: _____

Email Address: _____

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:

[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:☐ *directly oversaw and supervised all of the referenced remediation, and/or*☐ *personally reviewed and accepted all of the referenced remediation presented herein.*

I believe that the information contained herein, and including all attached documents, is true, accurate and complete.

It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.

My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.

I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.

LSRP Signature: _____

Date: _____

LSRP Name/Title: _____

No Changes Since Last Submittal ☐

Company Name: _____

Completed forms should be sent to the municipal clerk, designate health department, and:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420